

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
HIGGINS	JOHN	JEROME	599-1600
MAILING ADDRESS (Street)			FAX
1040 RICHARDS ST. #305			599-1600
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
VOTER OWNED HAWAII			599-1600
MAILING ADDRESS (Street)			FAX
1040 RICHARDS ST. #305			599-1600
(City)	(State)	(Zip Code)	
HON.	Hi	96813	

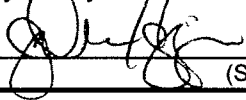
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII CLEAN ELECTIONS			599-1600
MAILING ADDRESS (Street)			FAX
1040 RICHARDS ST. #305			599-1600
(City)	(State)	(Zip Code)	
HON.	Hi	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
IRA ROATER			599-1600
MAILING ADDRESS (Street)			FAX
1040 RICHARDS ST. #305			599-1600
(City)	(State)	(Zip Code)	
HON.	Hi	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) <u>CAMPAIGN</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	<u>FINANCE REFORM</u>

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/4/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

IDA ROBERTS

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII CLEAN ELECTIONS599-1600

MAILING ADDRESS (Street)

FAX

1040 RICHARDS ST. #305599-1600


(City)

(State)

(Zip Code)

Hon.HI96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/4/07

(Date)